Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF TENNESSEE	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	Chapter 11	
	Chapter 12	
	✓ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Michael First name Ray Middle name Allen Last name and Suffix (Sr., Jr., II, III)	- - -	Sonya First name Lee Middle name Allen Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1725		xxx-xx-6568

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	✓ I have not used any business name or EINs. Business name(s) EINs	✓ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	160 Old Vasper Road	If Debtor 2 lives at a different address:		
		Caryville, TN 37714 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Campbell			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		

	otor 1 otor 2	Michael Ray Allen Sonya Lee Allen					Case nu	umber (if known)	
Par	t 2:	Tell the Court About \	Your Bank	uptcy Ca	se				
7. The chapter of the Bankruptcy Code you are choosing to file under						C. § 342(b) for Individu	uals Filing for Bankruptcy		
	choosing to file under		☐ Chapter 7						
			_ Chapt	er 11					
			_ Chapt	er 12					
			✓ Chapt	er 13					
8.	How	you will pay the fee	abo ord a p	ut how your er. If your e-printed	u may pay. Typically, if you attorney is submitting your p	are paying payment or	the fee yourself, your behalf, your	ou may pay with cash attorney may pay with	r local court for more details a, cashier's check, or money a credit card or check with
			The but app	Filing Feat quest that is not requalies to you	e in Installments (Official Fo t my fee be waived (You m uired to, waive your fee, and	rm 103A). nay request d may do so nable to pa	this option only if o only if your incom y the fee in installn	you are filing for Chap ne is less than 150% on nents). If you choose t	oter 7. By law, a judge may, of the official poverty line that this option, you must fill out
9.	bank	you filed for ruptcy within the 3 years?	☐ No. ✓ Yes.						
				District	Eastern District ofTennessee	When	11/23/16	Case number	3:16-bk-33487-SHB (Ch 13)
				District	Ol Tellilessee	When		Case number	(On 10)
				District		When		Case number	
10.	case filed not fi you,	any bankruptcy s pending or being by a spouse who is illing this case with or by a business her, or by an ate?	✓ No Yes.						
				Debtor				Relationship to y	/ou
				District		When		Case number, if	known
				Debtor				Relationship to y	ou
				District		When		Case number, if	known
11.		ou rent your lence?	✓ No. Yes.	Go to li	ne 12. ur landlord obtained an evic No. Go to line 12.	etion judgm	ent against you an	d do you want to stay	in your residence?
					Yes. Fill out <i>Initial Stateme</i> bankruptcy petition.	nt About ai	n Eviction Judgmei	nt Against You (Form	101A) and file it with this

	otor 1 Michael Ray Allen otor 2 Sonya Lee Allen	1	Case number (if known)		
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprietor		
12.	Are you a sole proprietor of any full- or part-time business?	№ No.	Go to Part 4.		
		Yes.	Name and location of business		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any		
	If you have more than one sole proprietorship, use a		Number, Street, City, State & ZIP Code		
	separate sheet and attach it to this petition.		Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A))		
	Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
			Stockbroker (as defined in 11 U.S.C. § 101(53A))		
			Commodity Broker (as defined in 11 U.S.C. § 101(6))		
			None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).			
	For a definition of small	V No.	I am not filing under Chapter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	☐ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.		
		Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	· Have Any	Hazardous Property or Any Property That Needs Immediate Attention		
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	✓ No. Yes.	What is the hazard?		
	identifiable hazard to public health or safety? Or do you own any				
	property that needs immediate attention?		If immediate attention is needed, why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?		
			Number, Street, City, State & Zip Code		

Debtor 1 Michael Ray Allen
Debtor 2 Sonya Lee Allen

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credi
counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 2 Sonya Lee A				Case nu	umber (if known)	
Pari	6: Answer These	Questions for R	eporting Purposes				
16.	What kind of debts you have?	do 16a.	Are your debts primarily c individual primarily for a per			e defined in 11 U.S.C. § 101(8) as "incurr	red by an
			No. Go to line 16b.				
			✓ Yes. Go to line 17.				
		16b.	Are your debts primarily be money for a business or inv			debts that you incurred to obtain e business or investment.	
			No. Go to line 16c.				
			Yes. Go to line 17.				
		16c.	State the type of debts you	owe that are not consur	ner debts or bus	siness debts	
17.	Are you filing under Chapter 7?	V No.	I am not filing under Chapte	er 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded administrative expeare paid that funds be available for distribution to unsecreditors?	d and nses will	I am filing under Chapter 7. are paid that funds will be at No			property is excluded and administrative litors?	expenses
18.	How many Creditors you estimate that yo owe?		99	1,000-5,000 5001-10,000 10,001-25,0	0	25,001-50,000 50,001-100,000 More than100,000	
19.	How much do you estimate your asset be worth?	s to	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	\$10,000,00° \$50,000,00°	- \$10 million 1 - \$50 million 1 - \$100 million 01 - \$500 millior		
20.	How much do you estimate your liabili to be?	ties	50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	\$10,000,00° \$50,000,00°	- \$10 million 1 - \$50 million 1 - \$100 million 01 - \$500 millior		
Part	7: Sign Below						
For	you	I have ex	amined this petition, and I de	eclare under penalty of p	perjury that the i	information provided is true and correct.	
		If I have	chosen to file under Chapter	7, I am aware that I may	y proceed, if elig	gible, under Chapter 7, 11,12, or 13 of tit d I choose to proceed under Chapter 7.	
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
		bankrupt and 3571	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
			/s/ Michael Ray Allen /s/ Sonya Lee Allen Michael Ray Allen Sonya Lee Allen				
			e of Debtor 1		Signature of D		
		Executed	July 15, 2017 MM / DD / YYYY		Executed on	July 15, 2017 MM / DD / YYYY	
			. = - ,				

Debtor 1	Michael Ray Allen		
Debtor 2	Sonya Lee Allen	Case number (if know	wn

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

isi Zachary S. Burroughs	Date	July 15, 201 <i>7</i>
/s/ David R. Houbre		
Signature of Attorney for Debtor		MM / DD / YYYY
Zachary S. Burroughs		
David R. Houbre		
Printed name		
Clark & Washington, L.L.C.		
Firm name		
408 S. Northshore Drive		
Knoxville, TN 37919		
Number, Street, City, State & ZIP Code		
Contact phone 865-281-8084	Email address	cwknoxville@cw13.com
025896; State of Tennessee		
029221; State of Tennessee		
Bar number & State		

Certificate Number: 03621-TNE-CC-029582096



CERTIFICATE OF COUNSELING

I CERTIFY that on July 15, 2017, at 11:06 o'clock AM EDT, Michael R Allen received from Credit Card Management Services, Inc. d/b/a Debthelper.com, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Tennessee, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by telephone.

Date:	July 15, 2017	By:	/s/Nicole Mezima
		NT	N. I. W.
		Name:	Nicole Mezima
		Title	Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 03621-TNE-CC-029582097



CERTIFICATE OF COUNSELING

I CERTIFY that on July 15, 2017, at 11:06 o'clock AM EDT, Sonya Allen received from Credit Card Management Services, Inc. d/b/a Debthelper.com, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Tennessee, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by telephone.

Date:	July 15, 2017	Ву:	/s/Nicole Mezima
		Name:	Nicole Mezima
:			•
		Title:	Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

E:11 :	n thin inform	nation to identify you				
Debt	or 1	Michael Ray Alle	Middle Name	Last Name		
Debt	or 2	Sonya Lee Allen	1			
(Spou	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	TENNESSEE		
Case	e number					
(if kno	wn)				_	heck if this is an mended filing
~ "		4.07				
	icial Fo		Affaira far Indivis	duala Eilina far B	ankrumtav	444
			Affairs for Individ			4/16
infor	mation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you	
Part	1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1. '	What is your	current marital statu	ıs?			
	■ Married □ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	-		•	•		
ļ	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live nov	ı.	
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	Idress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	■ No					
	_	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
D1	O			,		
Part	Explai	n the Sources of You	r income			
I	Fill in the tota	I amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part		ndar years?
ı	□ No					
		in the details.				
			Dobtor 1		Dobtor 2	
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$20,474.41	■ Wages, commissions, bonuses, tips	\$10,780.00
			☐ Operating a business		☐ Operating a business	

Official Form 107

	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
For last calendar year: (January 1 to December 31, 2016)	■ Wages, commissions, bonuses, tips	\$35,345.00	☐ Wages, commissions, bonuses, tips	\$0.00	
	☐ Operating a business		☐ Operating a business		
For the calendar year before that: (January 1 to December 31, 2015)	■ Wages, commissions, bonuses, tips	\$29,812.05	☐ Wages, commissions, bonuses, tips	\$0.00	
	☐ Operating a business		☐ Operating a business		

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

	Debtor 1		Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)	
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	Social Security Disability	\$9,042.00	
		\$0.00	Disability	\$1,497.00	
		\$0.00	Child Support	\$720.00	
For last calendar year: (January 1 to December 31, 2016)		\$0.00	Social Security Disability	\$19,529.00	
		\$0.00	Child Support	\$1,755.00	
		\$0.00	Disability	\$5,489.00	
	Rental Income	\$4,675.00			
		\$0.00	IRA withdrawal	\$41,133.00	
For the calendar year before that: (January 1 to December 31, 2015)		\$0.00	Social Security Disability	\$19,491.00	
		\$0.00	Child Support	\$1,690.00	
		\$0.00	Disability	\$8,233.75	
		\$0.00	401(k) withdrawal	\$24,701.00	
	Rental Income	\$5,100.00			

		chael Ray nya Lee A			Cas	se number (if known)						
Pa	rt 3: List	: Certain Pa	ayments You Made Be	fore You Filed for Bankru	ıptcy							
6.		Debtor 1's	s or Debtor 2's debts ebtor 1 nor Debtor 2 h	orimarily consumer debts	;? ebts. Consumer deb	ts are defined in 1°	1 U.S.C. § 101(8) as "incurred by an					
		During the		ed for bankruptcy, did you բ	pay any creditor a tota	al of \$6,425* or mo	ore?					
		□ Yes	paid that creditor. Do not include payments	reditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you Do not include payments for domestic support obligations, such as child support and alimony. Also, do ents to an attorney for this bankruptcy case. 01/19 and every 3 years after that for cases filed on or after the date of adjustment.								
	■ Yes.	Debtor 1	or Debtor 2 or both ha	have primarily consumer debts. filed for bankruptcy, did you pay any creditor a total of \$600 or more?								
		□ _{No.}	Go to line 7.									
		■ Yes	List below each cred	domestic support obligation			you paid that creditor. Do not Also, do not include payments to an					
	Creditor'	s Name and	d Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for					
	Knoxvil	le TVA Cro	edit Union	6/2017, 7/2017	\$2,522.00	\$18,113.27	☐ Mortgage					
		I Avenue		·	,		■ Car					
	P.O. Bo		01				☐ Credit Card					
	Knoxvii	le, TN 379	U 1				Loan Repayment					
							☐ Suppliers or vendors					
							☐ Other					
7.	Insiders in of which year business alimony. No Yes.	clude your r ou are an of s you operat	relatives; any general p fficer, director, person in te as a sole proprietor. nents to an insider.	n control, or owner of 20%	neral partners; partners or more of their votin	erships of which yog g securities; and a	was an insider? bu are a general partner; corporations any managing agent, including one fo as, such as child support and Reason for this payment					
8.	insider?		you filed for bankrup		yments or transfer a	any property on a	account of a debt that benefited an					
	псиие ра	iyinlerits orr t	debis guaranteed of co	signed by an insider.								
	■ No											
	☐ Yes.	List all payn	nents to an insider									
	Insider's	Name and	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name					
Pa	rt 4: Ide	ntify Legal	Actions, Repossessic	ons, and Foreclosures								
9.	List all suc	ch matters, i		tcy, were you a party in a y cases, small claims action			rative proceeding? actions, support or custody					
	□ No											
	_	Fill in the de	etails.									
	Case title			Nature of the case	Court or agency		Status of the case					
	Case number											

	otor 1 Michael Ray Allen Stor 2 Sonya Lee Allen		Case number	(if known)	
	Case title Case number	Nature of the case	Court or agency	Status of th	e case
	Sonya L Allen v. Campos Foods, LLC EEOC Charge No. 494-2017-00471	EEOC Claim	EEOC 220 Athens Way Suite 350-B Nashville, TN 37228	☐ Pending☐ On appe☐ Conclud	al
10.	Within 1 year before you filed for bankr Check all that apply and fill in the details b		perty repossessed, foreclosed	d, garnished, attached	I, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.				
	Creditor Name and Address	Describe the Property Explain what happen		Date	Value of the property
11.	Within 90 days before you filed for bank accounts or refuse to make a payment No Yes. Fill in the details.	kruptcy, did any creditor, in	cluding a bank or financial in	stitution, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	ne creditor took	Date action was taken	Amount
Par	No Yes To: List Certain Gifts and Contribution Within 2 years before you filed for bank No Yes. Fill in the details for each gift.		fts with a total value of more t	than \$600 per person′	·
	Gifts with a total value of more than \$6 per person Person to Whom You Gave the Gift and Address:		s	Dates you gave the gifts	Value
14.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or		fts or contributions with a tot	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	Í	ou contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankr or gambling?	uptcy or since you filed for	bankruptcy, did you lose any	rthing because of thef	t, fire, other disaster
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred		coverage for the loss surance has paid. List pending 3 of Schedule A/B: Property.	Date of your loss	Value of property lost

Debtor 1 Michael Ray Allen Debtor 2 Sonya Lee Allen				Case number (if known)						
Par	t 7:	List Certain Payments or Transfers									
16.	consu	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.									
	_	No Yes. Fill in the details.									
	Addr Emai	on Who Was Paid ress il or website address on Who Made the Payment, if Not You	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment					
	CIN PO E Milw	Legal Data Services Box 88229 vaukee, WI 53288-0229 v.cinlegal.com	Credit Counseling and Debt Management		11/18/16	\$35.00					
	3300 Bldg Atla	k & Washington LLC) Northeast Expressway g 3 Ste A nta, GA 30341 noxville@cw13.com	Attorney Fees; Through Bankı case 3:16-bk-33487-SHB	uptcy	6/16/17	\$1,750.00					
	3430 Day	Legal Data Services) Honeywell Ct ton, OH 45424 v.cinlegal.com	Credit Counseling and Debt Management	7/15/17 \$35							
17.	promi	n 1 year before you filed for bankruptcy, c ised to help you deal with your creditors of t include any payment or transfer that you lis	or to make payments to your creditor	behalf pay o s?	r transfer any prope	rty to anyone who					
		No ⁄es. Fill in the details.									
	Perse Addr	on Who Was Paid ess	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment					
18.	Includinclud	n 2 years before you filed for bankruptcy, ferred in the ordinary course of your busi le both outright transfers and transfers made e gifts and transfers that you have already liston	ness or financial affairs? as security (such as the granting of a s								
	Pers Addr	on Who Received Transfer ess	Description and value of property transferred		any property or received or debts change	Date transfer was made					
	Pers	on's relationship to you									
19.	benef	n 10 years before you filed for bankruptcy iiciary? (These are often called asset-protect No Yes. Fill in the details.		elf-settled tru	st or similar device o	of which you are a					
	Nam	e of trust	Description and value of the prope	erty transferre	ed	Date Transfer was made					

Debto Debto		•			Case nur	mber (if known)	
Part 8	List of Certai	n Financial Accounts, Ir	nstruments, Safe Depos	it Boxes, and S	Storage Un	its	
s: In	old, moved, or tra nclude checking, s ouses, pension fu No	nsferred? savings, money market, ands, cooperatives, asso	cy, were any financial ac or other financial accou ociations, and other fina	ınts; certificate	s of depos	•	•
1	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		Last 4 digits of account number	• • • • • • • • • • • • • • • • • • • •		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
F	Merrill Lynch PO Box 2019 Lakewood, NJ 0	8701	XXXX-	☐ Checking ☐ Savings ☐ Money Ma ☐ Brokerage ☐ Other 40	Э	11/2016	\$19,000.00
	ash, or other valu	ables?	year before you filed fo	r bankruptcy, a	any safe de	eposit box or other depo	ository for securities,
1	Name of Financial		Who else had ac Address (Number, State and ZIP Code)		Describe	e the contents	Do you still have it?
22. H ■	No		or place other than you	r home within	1 year befo	ore you filed for bankrup	otcy?
	Name of Storage I Address (Number, St	Facility reet, City, State and ZIP Code)			Describe	e the contents	Do you still have it?
Part 9	Identify Prop	erty You Hold or Contro	I for Someone Else				
fo	or someone.		omeone else owns? Incl	lude any prope	erty you bo	rrowed from, are storinຸດ	g for, or hold in trust
	Owner's Name	e details. reet, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	e the property	Value
Part 1	0: Give Details	About Environmental In	,				
		10, the following definit					
■ E	invironmental law oxic substances, v	means any federal, stat	e, or local statute or reg the air, land, soil, surfac	e water, groun			

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

to own, operate, or utilize it, including disposal sites.

24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	ınd	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any	release of hazardous material?								
	No Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	ınd	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or adminis	strative proceeding under any en	viron	mental law? Include settlements a	nd orders.					
	■ No □ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case					
Par	11: Give Details About Your Business or Con	nections to Any Business								
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	any o	f the following connections to any	business?					
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	☐ A partner in a partnership									
	☐ An officer, director, or managing execut	tive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
	No. None of the above applies. Go to Part 12.									
	Yes. Check all that apply above and fill in t	he details below for each busines	ss.							
		escribe the nature of the business	3	Employer Identification number						
	Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed									
28.	Within 2 years before you filed for bankruptcy, oinstitutions, creditors, or other parties.	did you give a financial statemen	t to a	nyone about your business? Inclu	de all financial					
	■ No □ Yes. Fill in the details below.									
	Name Address (Number, Street, City, State and ZIP Code)									

Debtor 1	Michael Ray Allen		
Debtor 2	Sonya Lee Allen		Case number (if known)
Part 12:	Sign Below		
are true a with a bar	nd correct. I understand that making a	false statement,	nd any attachments, and I declare under penalty of perjury that the answers , concealing property, or obtaining money or property by fraud in connection prisonment for up to 20 years, or both.
/s/ Mich	ael Ray Allen	/s/ So	onya Lee Allen
Michael	Ray Allen	Sonya	a Lee Allen
Signatur	e of Debtor 1	Signat	ture of Debtor 2
Date J	uly 15, 2017	Date	July 15, 2017
	ttach additional pages to Your Statem	ent of Financial	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No			
☐ Yes			
Did you p	ay or agree to pay someone who is no	ot an attorney to I	help you fill out bankruptcy forms?
■ No			
☐ Yes. Na	ame of Person Attach the Bankro	uptcy Petition Prep	parer's Notice, Declaration, and Signature (Official Form 119).

Fill	in this inform	nation to identify your o	case:				
Del	otor 1	Michael Ray Allen					
		First Name	Middle Name	Last Name			
	otor 2 ouse if, filing)	Sonya Lee Allen First Name	Middle Name	Last Name			
Llni	tad States Bar	nkruptcy Court for the:	EASTERN DISTRICT	OF TENNESSEE			
OIII	ileu States Dai	ikiupicy Court for the.	<u> </u>	OI TENNEGOEE			
	se number					□ Check	t if this is an
	,					_	ded filing
Su Be a	mmary o	nd accurate as possibl out all of your schedule	e. If two married peops s first; then complete	ole are filing together, b	tistical Information oth are equally responsible form. If you are filing amend f this page.	or supplyin	
Par	t 1: Summa	arize Your Assets				Your as	ssets of what you own
1.	Schedule A 1a. Copy line	/B: Property (Official Fo	rm 106A/B) om Schedule A/B			\$	117,000.00
	1b. Copy line	e 62, Total personal prop	perty, from Schedule A/I	3		\$	69,925.00
	1c. Copy line	e 63, Total of all property	on Schedule A/B			\$	186,925.00
Par	t 2: Summa	arize Your Liabilities					
							abilities t you owe
2.		Creditors Who Have Clar total you listed in Colun			page of Part 1 of Schedule D	\$	130,753.24
3.		F: Creditors Who Have Use total claims from Part 1			edule E/F	\$	0.00
	3b. Copy the	e total claims from Part 2	2 (nonpriority unsecured	I claims) from line 6j of S	chedule E/F	\$	87,846.38
					Your total liabilities	\$	218,599.62
Par	t 3: Summa	arize Your Income and	Expenses				
4.		Your Income (Official Forombined monthly income		ıle I		\$	4,672.62
5.		Your Expenses (Official onthly expenses from lin				\$	3,057.71
Par	t 4: Answe	r These Questions for	Administrative and St	atistical Records			
6.	-	ng for bankruptcy unde u have nothing to report	•		nit this form to the court with yo	our other sch	nedules.
7.	YesWhat kind o	f debt do you have?					
				er debts are those "incurre B-9g for statistical purpose	ed by an individual primarily for es. 28 U.S.C. § 159.	a personal,	family, or

Official Form 106Sum Su

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Debtor 1	Michael Ray Allen
Debtor 2	Sonva Lee Allen

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,116.33

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill	in this inform	ation to identify	your case and th	nis filino	g:		ı		
Deb	tor 1	Michael Ray	Allen						
		First Name		e Name	Last Name				
	tor 2 use, if filing)	Sonya Lee A		e Name	Last Name				
(Spot	ise, ii iiiirig)	riist Name	Middle	ename	Lastinalle				
Unit	ed States Bar	kruptcy Court for	the: EASTERN	DISTRI	ICT OF TENNESSEE				
Cas	e number								Check if this is an amended filing
Sc In each	chedule ch category, se it fits best. Be	as complete and a space is needed,	coperty escribe items. List	le. If two	t only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages	equally resp	onsible for su	pplyii	ng correct
Part	1: Describe E	Each Residence, Board			I Estate You Own or Have an Interest In				
	Yes. Where is	the property?							
1.1	160 Old Va	oner Bood		What	t is the property? Check all that apply				
	160 Old Va	available, or other des	crintion		Single-family home				r exemptions. Put
	Street address, ii	available, of other des	cription		Condominium or cooperative				ns on Schedule D: cured by Property.
					Manufactured or mobile home				
	Caryville	TN	37714-0000		Land	Current va entire prop			rent value of the tion you own?
	City	State	ZIP Code	_	Investment property		55,000.00	рог	\$65,000.00
	Oity	Oldio	211 0000					_	
									wnership interest by the entireties, or
				Who	has an interest in the property? Check one Debtor 1 only		e), if known.	uncy i	by the chareacs, or
	Campbell			_			•		
	County			_	,				
	County	County		_	200101 1 4114 200101 2 01119	Check if this is community prop		ty property	
			, , , , , , , , , , , , , , , , , , , ,			ee instructions)			
					r information you wish to add about this ite	ın, such as id	cal		

Debte Debte		Michael Ray Sonya Lee <i>I</i>				C:	ase number (if known)	
1.2	If you	own or have	more	than one, lis		is the property? Check all that apply		
	806 South 8th Street				_	Single-family home	Do not deduct secur	red claims or exemptions. Put
_	Street add	ress, if available, o	r other des	scription	_ =	Duplex or multi-unit building	the amount of any se	secured claims on Schedule D:
						Condominium or cooperative	Creditors Who Have	e Claims Secured by Property.
						·		
						Manufactured or mobile home	Current value of the	ne Current value of the
	La Foll	lette	TN	37766-0000		Land	entire property?	portion you own?
_	City		State	ZIP Code		Investment property	\$52,000.	.00 \$52,000.00
						Timeshare	Describe the nature	e of your ownership interest
						Other	(such as fee simple	e, tenancy by the entireties, or
					_	has an interest in the property? Check one	a life estate), if kno Tenants in the	
	Compl	aall					Tenants in the	Littliety
_	Campl	Jen			_	Debtor 2 only		
	County					Debtor 1 and Debtor 2 only		s community property
						At least one of the debtors and another	(see instructions)	
						r information you wish to add about this erty identification number:	item, such as local	
some	one else	drives. If you	lease a		port it on S	ny vehicles, whether they are regist Schedule G: Executory Contracts and o prcycles		any vehicles you own that
2.1	Maka	Ford			Who has a	n interest in the property? Check are	Do not deduct secur	red claims or exemptions. Put
3.1	Make: Model:	E450			Debtor	In interest in the property? Check one	the amount of any s	secured claims on Schedule D: re Claims Secured by Property.
	Year:	2012			Debtor:	• •	Creditors with trave	e Claims Secured by Property.
		rimate mileage:		61,000		1 and Debtor 2 only	Current value of th entire property?	he Current value of the portion you own?
		nformation:			_	one of the debtors and another	chine property :	portion you own.
	0				At least	one of the deptors and another		
						if this is community property ructions)	\$19,000.0	.00 \$19,000.00
3.2	Make:	Ford			Who has a	n interest in the property? Check one		ured claims or exemptions. Put
	Model:	Mustang			☐ Debtor	1 only		secured claims on Schedule D: re Claims Secured by Property.
	Year:	2014			☐ Debtor	2 only	Current value of th	he Current value of the
	Approx	imate mileage:		62,000	Debtor	1 and Debtor 2 only	entire property?	portion you own?
	Other in	nformation:			_	one of the debtors and another		
						if this is community property ructions)	\$16,000.	\$16,000.00

	ebtor 1 ebtor 2	Michael Ray Allen Sonya Lee Allen Case number (if	known)
4.		aft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	s
	■ No		
	☐ Yes		
5		dollar value of the portion you own for all of your entries from Part 2, including any entries for ou have attached for Part 2. Write that number here	
		. T. V Bounded the set of the sec	
		cribe Your Personal and Household Items n or have any legal or equitable interest in any of the following items?	Current value of the
			portion you own? Do not deduct secured claims or exemptions.
6.	Househo	old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware	
	□ No	s. Major appliances, furniture, interis, crima, kitchenware	
	Yes.	Describe	
		Living room furniture, bedroom furniture, kitchen table and chairs,	\$2,000.00
		stove, refrigerator, washer, dryer, freezer	\$2,000.00
7.	Electron	ics s: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners;	music collections: electronic devices
	Lxampic	including cell phones, cameras, media players, games	music concetions, electronic devices
	☐ No		
	Yes.	Describe	
		3 TVs, 2 game systems, 2 dvd players	\$600.00
_		5 1 vs, 2 game systems, 2 uvu piayers	
_	0-1141	les effectes	
8.	Example	oles of valuees: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stam other collections, memorabilia, collectibles	np, coin, or baseball card collections;
	□ No		
	■ Yes.	Describe	
		Sports Cards, Nascar collectibles	\$500.00
_		oporto ouras, russur conscissos	
9.		ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; of musical instruments	canoes and kayaks; carpentry tools;
	■ No □ Yes.	Describe	
10). Firearm <i>Examp</i>	ns les: Pistols, rifles, shotguns, ammunition, and related equipment	
	□ No		
	Yes.	Describe	
		1 Gun	\$75.00
_		1 Guil	φ/3.00
11		les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	□ No		
	■ Yes.	Describe	
		Personal Clothing	\$300.00

Debtor 2	Sonya Lee				Case number (if known)	
2. Jewelr <i>Exam</i> ☐ No	r y <i>ples:</i> Everyday je	welry, co	stume jewelry, enga	gement rings, wedding rings, heirloom	n jewelry, watches, gems, go	old, silver
Yes.	Describe					
		Jewel	ry			\$1,000.00
_Exam _i	arm animals ples: Dogs, cats,	birds, ho	rses			
□ No	Daniella.					
■ Yes.	Describe					
		9 Dog (No C	s ash Value)			\$0.00
☐ No	-		-	not already list, including any healt	th aids you did not list	
■ Yes.	Give specific in	formation				
		Tools	, lawnmower, we	edeater, chainsaw		\$1,000.00
	escribe Your Finar wn or have any l			any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No			our wallet, in your ho	ome, in a safe deposit box, and on har	nd when you file your petitio	n
					Cash	\$950.00
					Uncashed check from the IRS for	
					2016 Refund	\$1,900.00
Exam _l □ No				ounts; certificates of deposit; shares in swith the same institution, list each. Institution name:	n credit unions, brokerage he	ouses, and other similar
- 168.	••••••					
		17.1.	Checking	First Volunteer Bank		\$5,000.00
		17.2.	Savings	Y-12 FCU		\$600.00

	ebtor 2	Sonya Lee A		Case number (if known)	
18.			or publicly traded stocks investment accounts with b	brokerage firms, money market accounts	
	No				
	☐ Yes.		Institution or issue	er name:	
19.		ublicly traded sto venture	ock and interests in incor	rporated and unincorporated businesses, including an interest i	n an LLC, partnership, and
	No				
	☐ Yes.	Give specific info	ormation about them Name of entity:		
	Negot	tiable instruments i	include personal checks, ca	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.	
	_	Give specific info	rmation about them Issuer name:		
		ment or pension ples: Interests in If		, 403(b), thrift savings accounts, or other pension or profit-sharing pl	ans
	Yes.	List each account		t de d	
			Type of account:	Institution name:	
			Retirement	Retirement through employer	\$6,000.00
23.		ties (A contract for	r a periodic payment of mo	Institution name or individual: oney to you, either for life or for a number of years)	
	☐ Yes.	lss	uer name and description.		
24.	26 U.S.	ets in an educatio .C. §§ 530(b)(1), 5	n IRA, in an account in a 29A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition prog	ram.
	■ No □ Yes.	Ins	stitution name and descripti	ion. Separately file the records of any interests.11 U.S.C. § 521(c):	
	■ No	-	ure interests in property ormation about them	(other than anything listed in line 1), and rights or powers exerc	cisable for your benefit
				and other intellectual property eeds from royalties and licensing agreements	
	☐ Yes.	Give specific info	ormation about them		
			nd other general intangik nits, exclusive licenses, cod	bles operative association holdings, liquor licenses, professional licenses	5
		Give specific info	ormation about them		
Mc	oney or	property owed to	o you?		Current value of the
					portion you own? Do not deduct secured claims or exemptions.

	ebtor 2	Sonya Lee Allen		C	ase number (if known)	
28.	Tax re	efunds owed to you				
	■ No					
	☐ Yes.	. Give specific information about th	em, including whether you alre	eady filed the returns and	d the tax years	
	Exam ☐ No	y support nples: Past due or lump sum alimon . Give specific information	y, spousal support, child supp	ort, maintenance, divorc	e settlement, property	settlement
					_	
			Child Support Arrears (E	Estimated)	Child Support	\$15,000.00
	Exam	amounts someone owes you apples: Unpaid wages, disability insu benefits; unpaid loans you m		efits, sick pay, vacation	pay, workers' compe	nsation, Social Security
31.	Interes	sts in insurance policies nples: Health, disability, or life insur	ance; health savings account (HSA); credit, homeowne	er's, or renter's insura	nce
	■ Yes.	. Name the insurance company of Company n		Beneficiary	y:	Surrender or refund value:
		Kemper (Term life	no cash value)	Michael	Allen	\$0.00
		Gerber life (Term life	e no cash value)	Michael A	Allen	\$0.00
		United Ho (Term life	me Life no cash value)	Sonya Al	llen	\$0.00
	If you	nterest in property that is due you are the beneficiary of a living trust one has died.			urrently entitled to rec	eive property because
	☐ Yes.	. Give specific information				
		s against third parties, whether on ples: Accidents, employment dispu			or payment	
		. Describe each claim				
-	Other No	contingent and unliquidated cla	ms of every nature, includin	g counterclaims of the	e debtor and rights to	set off claims
		. Describe each claim				
35.	_ `	nancial assets you did not alread	ly list			
	■ No □ Yes.	. Give specific information				
36		the dollar value of all of your en				\$29,450.00

Debt Debt				Case number (if known)	
Part 5	5: Describe Any Business-Related Prope	rty You Own or Have an Interes	t In. List any real esta	ate in Part 1.	
37. D o	o you own or have any legal or equitable	nterest in any business-related	property?		
	No. Go to Part 6.				
	Yes. Go to line 38.				
Part 6	6: Describe Any Farm- and Commercial If you own or have an interest in farmlan		wn or Have an Interes	st In.	
46. D	Oo you own or have any legal or equi	table interest in any farm- o	r commercial fishir	ng-related property?	
I	No. Go to Part 7.				
[Yes. Go to line 47.				
Part 7	7: Describe All Property You Own o	r Have an Interest in That You E	oid Not List Above		
	Oo you have other property of any kine Examples: Season tickets, country club No 1 Yes. Give specific information	-			
	Add the dollar value of all of your er	tries from Part 7. Write that	number here		\$0.00
Part 8	8: List the Totals of Each Part of this	Form			
55.	Part 1: Total real estate, line 2				\$117,000.00
56.	Part 2: Total vehicles, line 5	_	\$35,000.00		
	Part 3: Total personal and househol	· —	\$5,475.00		
	,	-	\$29,450.00		
	Part 5: Total business-related prope	<u>-</u>	\$0.00		
	Part 6: Total farm- and fishing-relate		\$0.00		
61.	Part 7: Total other property not liste	d, line 54 + _	\$0.00		
62.	Total personal property. Add lines 56	through 61	\$69,925.00	Copy personal property total	\$69,925.00
63.	Total of all property on Schedule A/	3. Add line 55 + line 62			\$186,925.00

Fill in this infor	mation to identify your	case:			
Debtor 1	Michael Ray Aller	1			
	First Name	Middle Name	Last Name	_	
Debtor 2	Sonya Lee Allen				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		EASTERN DISTRICT C	OF TENNESSEE		
Case number					☐ Check if this is an
()					amended filing
					S .

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are	you claiming?	Check one only	, even if	your spouse is filing	g with v	vou.
----	-----------------------------	---------------	----------------	-----------	-----------------------	------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Specific laws that allow exemption Tenn. Code Ann. § 26-2-30
Tenn. Code Ann. § 26-2-30
Tenn. Code Ann. § 26-2-30 ²
Tenn. Code Ann. § 26-2-103
Tenn. Code Ann. § 26-2-103
Tenn. Code Ann. § 26-2-103
Tenn. Code Ann. § 26-2-103

tor 2 Sonya Lee Allen			Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
1 Gun Line from Schedule A/B: 10.1	\$75.00		\$75.00	Tenn. Code Ann. § 26-2-103
			100% of fair market value, up to any applicable statutory limit	
Personal Clothing Line from Schedule A/B: 11.1	\$300.00		\$300.00	Tenn. Code Ann. § 26-2-104
Ellie Holli Gonedale AV.B. TTT			100% of fair market value, up to any applicable statutory limit	
Jewelry Line from Schedule A/B: 12.1	\$1,000.00		\$1,000.00	Tenn. Code Ann. § 26-2-103
Line nom Schedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit	
Tools, lawnmower, weedeater, chainsaw	\$1,000.00		\$1,000.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B: 14.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$950.00		\$950.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
Uncashed check from the IRS for 2016 Refund	\$1,900.00		\$1,900.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B: 16.2			100% of fair market value, up to any applicable statutory limit	
Checking: First Volunteer Bank Line from Schedule A/B: 17.1	\$5,000.00		\$5,000.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Savings: Y-12 FCU	\$600.00		\$600.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
Retirement: Retirement through employer	\$6,000.00		\$6,000.00	Tenn. Code Ann. § 26-2-111(1)(D)
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	20 2-111(1)(0)

□ No □ Yes

Fill in this informa	ntion to identify you	r case:				
	ition to lacitily you	i case.				
Debtor 1	Michael Ray Alle	en Middle Name Last N	lomo			
Debtor 2	Sonya Lee Allen		varrie			
(Spouse if, filing)	First Name	Middle Name Last N	lame			
United States Bank	ruptcy Court for the:	EASTERN DISTRICT OF TENNESSE	ΕE			
Case number						
(if known)					☐ Check	if this is an
					amend	ed filing
Official Form	106D					
		Who Have Claims Con		h Dansa saat		
Schedule L): Creditors	Who Have Claims Sec	urea	by Propert	<u>y </u>	12/15
		f two married people are filing together, bot out, number the entries, and attach it to this				
1. Do any creditors ha	ave claims secured by	your property?				
□ No. Check the control of the c	his box and submit th	nis form to the court with your other sched	ules. You	have nothing else t	o report on this form.	
Yes. Fill in a	Ill of the information b	pelow.				
	Secured Claims					
		nove than any analyzed plains list the avaditor as	novotely.	Column A	Column B	Column C
for each claim. If more	e than one creditor has	nore than one secured claim, list the creditor se a particular claim, list the other creditors in Par cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 First Volunt	teer Bank	Describe the property that secures the clai	m:	\$52,538.71	\$65,000.00	\$0.00
Creditor's Name		160 Old Vasper Road Caryville, T 37714 Campbell County	N			
c/o Douglas	s R. Johnson	. ,				
PO Box 218	-	As of the date you file, the claim is: Check a apply.	II that			
	ja, TN 37409	Contingent				
Number, Street, C	ity, State & Zip Code	☐ Unliquidated				
Who owes the debt	t? Check one	☐ Disputed Nature of lien. Check all that apply.				
☐ Debtor 1 only	- Chook one.	An agreement you made (such as mortgage	no or cocur	od		
Debtor 2 only		car loan)	ge or secur	eu		
■ Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)			
☐ At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this clair community debt		Other (including a right to offset) Mort	gage			
Date debt was incurr	red 2013	Last 4 digits of account number				
2.2 Knoxville T	VA Credit	Describe the manufactuation of a common the color		\$18,113.27	\$19,000.00	\$0.00
Union Creditor's Name		Describe the property that secures the claim 2012 Ford F150 61,000 miles	m:	Ψ10,113.21	Ψ13,000.00	Ψ0.00
		2012 Ford F130 01,000 fillies				
301 Wall Av	/enue					
P.O. Box 15		As of the date you file, the claim is: Check a apply.	ll that			
Knoxville, 1	ΓN 37901	☐ Contingent				
Number, Street, C	ity, State & Zip Code	Unliquidated				
Who owes the debt	t? Chack and	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only	OHECK OHE.	_				
Debtor 2 only		 An agreement you made (such as mortgage car loan) 	ge or secur	ea		
■ Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)			
☐ At least one of the		☐ Judgment lien from a lawsuit	•			
☐ Check if this clair		5	hase Mo	ney Security		
community debt				<u> </u>		
Date debt was incur	red 2013	Last 4 digits of account number				

Debtor 2 Sony Lee Alien First Name Debtor 3 Sony Lee Alien First Name Describe the property that secures the claim: S38,131.42 S52,000.00 \$0.00 \$0.00 S00 South 8th Street La Follette, TN 37766 Campbell County As of the date you file, the claim is: Check all that apply. Date of and pebtor 2 only Debtor 1 and Debtor 2 only Date of the Services Condition Name 2.4 Wells Fargo Dealer Services PO Box 19657 Irvine, CA 92623-9657 Irvine, CA	Debtor 1	Michael Ray Allen					
2.3 MidFirst Bank Describe the property that secures the claim: \$38,131.42 \$52,000.00 \$0.00	Dahtano		lame Last Name				
Describe the property that secures the claim: Sale South State Sale Sa	Debtor 2		lama Last Nama				
Section of Name Section of		That Name Wildle N	Last Name				
37766 Campbell County Suite 100 Oklahoma City, OK 73118 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3	2.3 Mi o	dFirst Bank	Describe the property that secures the c	laim:	\$38,131.42	\$52,000.00	\$0.00
999 NW Grand Blvd, Suite 100 Oklahoma City, OK 73118 Number, Street, City, Slate & Zip Code Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Date debt was incurred 2002 Last 4 digits of account number As of the date you file, the claim is: Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Describe the property that secures the claim: 2014 Ford Mustang 62,000 miles PO Box 19657 □ Irvine, CA 92623-9657 □ Number, Street, City, Slate & Zip Code □ Disputed Who owes the debt? Check one. □ Debtor 1 only □ Statutory lien (such as tax lien, mechanic's lien) □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Date debt was incurred 2016 Last 4 digits of account number And the dollar value of your entries in Column A on this page. Write that number here: □ The last page of your form, add the dollar value totals from all pages. As of the date you file, the claim is: Check all that apply. □ An agreement you made (such as mortgage or secured car loan) □ Debtor 2 only □ Check if this claim relates to a community debt □ Debtor 2 only □ Check if this claim relates to a community debt □ Date debt was incurred 2016 □ Debtor 2 only □ Check if this claim relates to a community debt □ Debtor 2 only □ Check if this claim relates to a community debt □ Debtor 2 only □ Check if this claim relates to a community debt □ Debtor 2 only □ Check if this claim relates to a community debt □ Debtor 2 only □ Check if this claim relates to a community debt □ Debtor 2 only □ Check if this claim relates to a comm	Cred	ditor's Name		, TN			· ·
Number, Struet, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only An agreement you made (such as mortgage or secured car loan) Detock if this claim relates to a community debt Date debt was incurred Check if this claim relates to a community debt Date debt vas incurred 2.44 Wells Fargo Dealer Creditor's Name PO Box 19657 Irvine, CA 92623-9657 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only De	Su	ite 100	apply.	c all that			
Who owes the debt? Check one. Disputed Nature of lien. Check all that apply. Debtor 1 and Debtor 2 only Date debt was incurred 2002 Last 4 digits of account number Check iff this claim relates to a community debt Describe the property that secures the claim: \$21,969.84 \$16,000.00 \$5,969.84 \$16,		<u>• · · · · · · · · · · · · · · · · · · ·</u>					
Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Community debt Date debt was incurred Wells Fargo Dealer Services Creditor's Name PO Box 19657 Irvine, CA 92623-9657 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 6 only Debtor 9	Null	iber, otreet, oity, otate & zip oode					
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Services Creditor's Name PO Box 19657 Irvine, CA 92623-9657 Ivvine, CA 92623-9657 Ivvine, CA 92623-9657 Ivvine CA 92623-9657 Ivv	Who owe	es the debt? Check one.					
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Check if this claim relates to a community debt Date debt was incurred 2002 Last 4 digits of account number Last 4 digits of account number Describe the property that secures the claim: \$21,969.84 \$16,000.00 \$5,969.84 PO Box 19657 Irvine, CA 92623-9657 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Saturtory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Security Add the dollar value of your entries in Column A on this page. Write that number here: \$130,753.24 \$130,	■ Debto	r 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechani	c's lien)			
Date debt was incurred 2002 Last 4 digits of account number 2.4 Wells Fargo Dealer Services Describe the property that secures the claim: \$21,969.84 \$16,000.00 \$5,969.84 \$	☐ At leas	st one of the debtors and another	☐ Judgment lien from a lawsuit				
Wells Fargo Dealer Services Creditor's Name PO Box 19657 Irvine, CA 92623-9657 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only An agreement you made (such as mortgage or secured car loan) At least one of the debtors and another Check if this claim relates to a community debt Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Describe the property that secures the claim: \$21,969.84 \$16,000.00 \$5,969.84 \$16,000.00 \$5,969.84 \$16,000.00 \$5,969.84 \$16,000.00 \$5,969.84 Purchase Interval			Other (including a right to offset)	rtgage			
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Creditor's Name 2014 Ford Mustang 62,000 miles PO Box 19657	1/4/	_			\$21 060 8/	\$16,000,00	\$5 060 8 4
PO Box 19657 Irvine, CA 92623-9657 Number, Street, City, State & Zip Code Unliquidated Disputed Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2016 Last 4 digits of account number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Security Add the dollar value of your entries in Column A on this page. Write that number here: \$130,753.24 If this is the last page of your form, add the dollar value totals from all pages. \$130,753.24					Ψ21,909.04	Ψ10,000.00	ψ5,909.04
Irvine, CA 92623-9657	Ciec	aitoi s ivairie	2014 Ford Mustang 62,000 miles	5			
Irvine, CA 92623-9657 Number, Street, City, State & Zip Code Unliquidated Disputed							
Irvine, CA 92623-9657 Number, Street, City, State & Zip Code Unliquidated Disputed	PC	Box 19657		call that			
Number, Street, City, State & Zip Code Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: Statutory lien (such as tax lien, mechanic's lien) Purchase Money Security Purchase Money Security Add the dollar value of your entries in Column A on this page. Write that number here: Statutory lien (such as tax lien, mechanic's lien) Purchase Money Security Purchase Money Security Add the dollar value of your entries in Column A on this page. Write that number here: Statutory lien (such as mortgage or secured car loan) Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: \$130,753.24	Irv	ine, CA 92623-9657	<u></u> -				
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Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 2016 Add the dollar value of your entries in Column A on this page. Write that number here: Add the dollar value of your form, add the dollar value totals from all pages. \$130,753.24\$ \$130,753.24\$	_	•		gage or secured			
Add the dollar value of your entries in Column A on this page. Write that number here: Add the dollar value of your form, add the dollar value totals from all pages. Add the dollar value of your form, add the dollar value totals from all pages. Date debt was incurred 2016	☐ Debtor	2 only	_ ′				
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Date debt was incurred 2016 Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$130,753.24 If this is the last page of your form, add the dollar value totals from all pages. \$130,753.24			•				
Add the dollar value of your entries in Column A on this page. Write that number here: \$130,753.24 If this is the last page of your form, add the dollar value totals from all pages. \$130,753.24			Other (including a right to offset)	rchase Money	y Security		
If this is the last page of your form, add the dollar value totals from all pages.	Date debt	was incurred 2016	Last 4 digits of account number				
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If this is the last page of your form, add the dollar value totals from all pages.							
Write that number here:	Add the	dollar value of your entries in C	Column A on this page. Write that number h	ere:	\$130.753.24	.]	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	on to identify your ca	ase:						
Debtor 1	lichael Ray Allen							
Fi	irst Name	Middle N	Name	Last Name				
	Sonya Lee Allen							
(Spouse if, filing) Fi	irst Name	Middle N	Name	Last Name				
United States Bankru	ptcy Court for the:	EASTERN	DISTRICT OF T	ENNESSEE				
Case number								
(if known)] Check i	if this is an
							amende	ed filing
O(() : 1 = 1 = 1	00E/E							
Official Form 10								
Schedule E/F:	Creditors Wr	no Have	Unsecure	ed Claims				12/15
Schedule G: Executory of Schedule D: Creditors Velone of eft. Attach the Continuaname and case number	Vho Have Claims Securation Page to this page.	red by Prope	rty. If more space	is needed, copy the P	art you need, fill it out	, number the	entries in	the boxes on the
Part 1: List All of	Your PRIORITY Uns							
LIST AII OI	Tour Fictoria Cara	ecured Cia	ims					
Do any creditors have								
	ave priority unsecured							
1. Do any creditors ha	ave priority unsecured							
 Do any creditors ha No. Go to Part 2. Yes. List all of your prio identify what type of possible, list the clair 	ave priority unsecured	If a creditor he both priority a according to	nst you? las more than one land nonpriority among the creditor's name	ounts, list that claim here e. If you have more than	and show both priority	and nonprior	rity amounts	s. As much as
 Do any creditors hat No. Go to Part 2. Yes. List all of your prior identify what type of possible, list the clair Part 1. If more than one of the control of the c	rity unsecured claims. claim it is. If a claim has ms in alphabetical order	If a creditor he both priority a according to ticular claim, li	nas more than one and nonpriority among the creditor's name ist the other creditor	ounts, list that claim here e. If you have more than ors in Part 3.	e and show both priority two priority unsecured	and nonprior claims, fill out	rity amounts	s. As much as uation Page of
 Do any creditors hat No. Go to Part 2. Yes. List all of your prior identify what type of possible, list the clair Part 1. If more than one of the control of the c	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti	If a creditor he both priority a according to ticular claim, li	nas more than one and nonpriority among the creditor's name ist the other creditor	ounts, list that claim here e. If you have more than ors in Part 3.	e and show both priority two priority unsecured	and nonprior claims, fill out	rity amounts	s. As much as uation Page of
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 Do any creditors hat No. Go to Part 2. Yes. List all of your prioridentify what type of possible, list the clair Part 1. If more than of (For an explanation) Internal Revenue Priority Creditor 	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti of each type of claim, se- venue Service r's Name	If a creditor he both priority a according to ticular claim, lie the instructi	nas more than one and nonpriority amount the creditor's name ist the other creditors form in ast 4 digits of accounts.	ounts, list that claim here e. If you have more than ors in Part 3. the instruction booklet.)	e and show both priority two priority unsecured Total claim	and nonprior claims, fill out Priority amount	rity amounts	s. As much as uation Page of Nonpriority amount
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 Do any creditors hat No. Go to Part 2. Yes. List all of your priorities identify what type of possible, list the clair Part 1. If more than of (For an explanation) Internal Revenue Priority Creditor Centralized PO Box 734 Philadelphi 	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti of each type of claim, se venue Service r's Name I Insolvency Opera 16 a, PA 19101-7346 City State ZIp Code	If a creditor he both priority a according to ticular claim, lie the instruction	nas more than one and nonpriority amount the creditor's name as the other creditor ions for this form in a cast 4 digits of accordance.	ounts, list that claim here e. If you have more than ors in Part 3. the instruction booklet.) count number t incurred?	Total claim \$0.0	and nonprior claims, fill out Priority amount	rity amounts	s. As much as uation Page of Nonpriority amount
 Do any creditors hat No. Go to Part 2. Yes. List all of your priorities identify what type of possible, list the clair Part 1. If more than of (For an explanation) Internal Respiration Centralized PO Box 734 Philadelphi Number Street 	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti of each type of claim, se venue Service r's Name I Insolvency Opera 16 a, PA 19101-7346 City State ZIp Code	If a creditor he both priority a according to ticular claim, like the instruction	nas more than one and nonpriority amount the creditor's name ist the other creditorions for this form in ast 4 digits of according to the date you. Contingent	ounts, list that claim here e. If you have more than ors in Part 3. the instruction booklet.) count number t incurred?	Total claim \$0.0	and nonprior claims, fill out Priority amount	rity amounts	s. As much as uation Page of Nonpriority amount
 Do any creditors had No. Go to Part 2. Yes. List all of your prior identify what type of possible, list the clair Part 1. If more than of (For an explanation) Internal Revenue Priority Creditor Centralized PO Box 734 Philadelphi Number Street Who incurred the 	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti of each type of claim, se venue Service r's Name I Insolvency Opera 16 a, PA 19101-7346 City State ZIp Code	If a creditor he both priority a according to ticular claim, lie the instruction	nas more than one and nonpriority amount the creditor's name ist the other creditor ions for this form in ast 4 digits of accordance. When was the debus of the date you Contingent Unliquidated	ounts, list that claim here e. If you have more than ors in Part 3. the instruction booklet.) count number t incurred?	Total claim \$0.0	and nonprior claims, fill out Priority amount	rity amounts	s. As much as uation Page of Nonpriority amount
 Do any creditors hat No. Go to Part 2. Yes. List all of your priorities identify what type of possible, list the clair Part 1. If more than of (For an explanation) Internal Revenue Priority Creditor Centralized PO Box 734 Philadelphi Number Street Who incurred the Debtor 1 only Debtor 2 only 	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti of each type of claim, se venue Service c's Name I Insolvency Opera 16 16 17 18 19 19 10 10 10 11 10 11 11 11 11 11 11 11 11	If a creditor he both priority a according to ticular claim, lies the instruction Lation V	nas more than one and nonpriority amount the creditor's name ist the other creditoris form in a cast 4 digits of according to the date you as of the date you Contingent Unliquidated	ounts, list that claim here e. If you have more than ors in Part 3. the instruction booklet.) count number et incurred? file, the claim is: Chec	Total claim \$0.0	and nonprior claims, fill out Priority amount	rity amounts	s. As much as uation Page of Nonpriority amount
 Do any creditors hat No. Go to Part 2. Yes. List all of your prior identify what type of possible, list the clair Part 1. If more than of (For an explanation of Centralized PO Box 734 Philadelphin Number Street Who incurred the Debtor 1 only Debtor 2 only Debtor 1 and D 	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti of each type of claim, se venue Service r's Name I Insolvency Opera I6 a, PA 19101-7346 City State Zlp Code debt? Check one.	If a creditor he both priority a according to ticular claim, like the instruction	nas more than one and nonpriority amount the creditor's name ist the other creditoris form in a cast 4 digits of according to the date you as of the date you Contingent Unliquidated	ounts, list that claim here e. If you have more than ors in Part 3. the instruction booklet.) count number of incurred? file, the claim is: Chec	Total claim	and nonprior claims, fill out Priority amount	rity amounts	s. As much as uation Page of Nonpriority amount
1. Do any creditors hat No. Go to Part 2. Yes. 2. List all of your prior identify what type of possible, list the clair Part 1. If more than of (For an explanation of the Priority Creditor Centralized PO Box 734 Philadelphi Number Street Who incurred the Debtor 1 only Debtor 2 only At least one of the Part 2.	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti of each type of claim, se venue Service d's Name I Insolvency Opera 16 16 17 18 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	If a creditor he both priority a according to ticular claim, like the instruction when the control of the contr	ias more than one and nonpriority amount the creditor's name is the other creditoris for this form in ast 4 digits of accordance. When was the debuse of the date you Contingent Unliquidated Disputed Type of PRIORITY Domestic suppo	ounts, list that claim here e. If you have more than ors in Part 3. the instruction booklet.) count number et incurred? file, the claim is: Chec unsecured claim: et obligations	Total claim \$0.0	and nonprior claims, fill out Priority amount	rity amounts	s. As much as uation Page of Nonpriority amount
1. Do any creditors hare No. Go to Part 2. Yes. 2. List all of your prior identify what type of possible, list the clair Part 1. If more than of (For an explanation of the Priority Creditor Centralized PO Box 734 Philadelphi Number Street Who incurred the Debtor 1 only Debtor 2 only At least one of the Check if this c	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti of each type of claim, se venue Service d's Name I Insolvency Opera 16 16 13, PA 19101-7346 City State Zlp Code debt? Check one.	If a creditor he both priority a according to ticular claim, lie the instruction when the both priority a according to ticular claim, lie the instruction when the instruction when the both priority according to the control of the credit priority according to the c	nas more than one and nonpriority amount the creditor's name ist the other creditories form in a set 4 digits of accordance. When was the debus of the date you Contingent Unliquidated Disputed Type of PRIORITY Domestic suppo	ounts, list that claim here e. If you have more than ors in Part 3. the instruction booklet.) count number et incurred? file, the claim is: Chec unsecured claim: et obligations in other debts you owe t	Total claim \$0.0	and nonprior claims, fill out Priority amount	rity amounts	s. As much as uation Page of Nonpriority amount
1. Do any creditors hat No. Go to Part 2. Yes. 2. List all of your prior identify what type of possible, list the clair Part 1. If more than of (For an explanation of the Priority Creditor Centralized PO Box 734 Philadelphi Number Street Who incurred the Debtor 1 only Debtor 2 only At least one of the Part 2.	rity unsecured claims. claim it is. If a claim has ms in alphabetical order one creditor holds a parti of each type of claim, se venue Service d's Name I Insolvency Opera 16 16 13, PA 19101-7346 City State Zlp Code debt? Check one.	If a creditor he both priority a according to ticular claim, like the instruction V	nas more than one and nonpriority amount the creditor's name ist the other creditories form in a set 4 digits of accordance. When was the debus of the date you Contingent Unliquidated Disputed Type of PRIORITY Domestic suppo	ounts, list that claim here e. If you have more than ors in Part 3. the instruction booklet.) count number et incurred? file, the claim is: Chec unsecured claim: et obligations	Total claim \$0.0	and nonprior claims, fill out Priority amount	rity amounts	s. As much as uation Page of Nonpriority amount

Debtor						
Debtor 2	Sonya Lee Allen		Case number (if kno	w)		
	United States Attorney's Office	Last 4 digits of account number		\$0.00	\$0.00	\$0.00
	Priority Creditor's Name Howard H. Baker Jr. U.S. Courthouse 800 Market Street, Suite 211	When was the debt incurred?				
	Knoxville, TN 37902 Number Street City State Zlp Code	As of the date you file, the claim is:	Chook all that apply			
	no incurred the debt? Check one.	<u> </u>	. Спеск ан тат арргу			
_	Debtor 1 only	☐ Contingent				
_	Debtor 2 only	Unliquidated				
	•	☐ Disputed				
-	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim	ı:			
	At least one of the debtors and another	☐ Domestic support obligations				
	Check if this claim is for a community debt	Taxes and certain other debts you	owe the government			
ls t	the claim subject to offset?	Claims for death or personal injury	while you were intoxical	ated		
	No	Other. Specify				
	Yes	Notice Only				
unse	all of your nonpriority unsecured claims in the ecured claim, list the creditor separately for each clone creditor holds a particular claim, list the other 2.	laim. For each claim listed, identify what	type of claim it is. Do no	ot list claims already in	ncluded in Part 1.	If more
4.4	4 at Franklin Financial	Land delimite of account country				
	1st Franklin Financial Nonpriority Creditor's Name PO Box 238 La Follette, TN 37766 Number Street City State Zlp Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim	2016		\$1 	1,337.60
	Who incurred the debt? Check one.	As of the date you me, the dam	13. Offect all triat apply			
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or di	vorce that you did not		
	■ No	Debts to pension or profit-shari	ng plans, and other sim	ilar debts		
	Yes	Other. Specify Loan			_	

Debtor 2	Michael Ray Allen Sonya Lee Allen		Case number (if know)	
	Anderson County EMS Nonpriority Creditor's Name	Last 4 digits of account number		\$362.79
	480 Bedford Road, Bldg 600, 2nd Floor Chappaqua, NY 10514 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim is	2016 : Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	claim:	
	debt Is the claim subject to offset?	report as priority claims	ation agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing		
	Yes	Other. Specify Medical Serv	vices	
	Capital One Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00
	P.O. Box 30281 Salt Lake City, UT 84130	When was the debt incurred?		
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separa report as priority claims	ation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	☐ Yes	Other. Specify Notice Only		
	Citi Cards Nonpriority Creditor's Name	Last 4 digits of account number		\$3,063.95
	P.O. Box 688907 Des Moines, IA 50368	When was the debt incurred?	2016	
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset? —	report as priority claims	ation agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	Other. Specify Credit Card		

Debto Debto	r 1 Michael Ray Allen r 2 Sonya Lee Allen	Case number (if know)	
4.5	Clark & Washington LLC	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name 3300 Northeast Expressway Bldg 3 Ste A	When was the debt incurred?	¥3.33
	Atlanta, GA 30341 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notice Only	
4.6	Credit Central Nonpriority Creditor's Name	Last 4 digits of account number	\$881.67
	700 E. North St. Suite 15 Greenville, SC 29601	When was the debt incurred? 2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Loan	
4.7	Fort Sanders Regional Medical Nonpriority Creditor's Name	Last 4 digits of account number	\$6,050.56
	KBOS 1420 Centerpoint Blvd Bldg C	When was the debt incurred? 2016	
	Knoxville, TN 37932	As at the date way file the alains in Obsal all that and	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пол	
	Debtor 2 only	Contingent	
	Debtor 1 and Debtor 2 only	☐ Unliquidated	
		☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other Specify Medical Services	
		• •	

lospital Medicine Services	Last 4 digits of account number	\$496.8
Nonpriority Creditor's Name		Ф490. 0
P.O. Box 630707 Cincinnati, OH 45263	When was the debt incurred? 2016	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Vho incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	■ Other. Specify Medical Services	
_afollette Medical Center	Last 4 digits of account number	\$3,000.0
Nonpriority Creditor's Name PO Box 79725	When was the debt incurred? 2016	
Baltimore, MD 21279 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Vho incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	■ Other. Specify Medical Services	
Medtrans	Last 4 digits of account number	\$32.328.4
Nonpriority Creditor's Name		ψοΞ,οΞο:
PO Box 708 West Plains, MO 65775	When was the debt incurred? 2016	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
∃Yes	■ Other. Specify Medical Services	

1		
Methodist Medical Center	Last 4 digits of account number	\$500.0
Nonpriority Creditor's Name PO Box 10305 Knoxville, TN 37939	When was the debt incurred? 2016	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	Student loans	
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical Services	
Omnicare, Inc.	Last 4 digits of account number	\$227.0
Nonpriority Creditor's Name		· · · · · · · · · · · · · · · · · · ·
900 Omnicare Center 201 East 4th Street Cincinnati, OH 45202	When was the debt incurred? 2016	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Collection Account	
One Main Financial Group, LLC	Last 4 digits of account number	\$12,051.9
Nonpriority Creditor's Name 605 Munn Rd.	When was the debt incurred? 2015	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fort Mill, SC 29715 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	***	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other Specify Loan	

Michael Ray Allen Sonya Lee Allen	Case number (if know)	
Portfolio Recovery Associates	Last 4 digits of account number	\$12,295.20
Nonpriority Creditor's Name PO Box 41067	When was the debt incurred? 2016	
Norfolk, VA 23541 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Collections	
Southeast Emergency Physicians	Last 4 digits of account number	\$27.40
Nonpriority Creditor's Name P.O. Box 5406	When was the debt incurred? 2016	•
Cincinnati, OH 45273 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	· · · · · · · · · · · · · · · · · · ·	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify Medical Services	
Summit Medical Group, PLLC	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name Department 88073	When was the debt incurred?	
Knoxville, TN 37995 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	······ • · · · · · · · · · · · · · · ·	
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
- NO		

Debtor 2	Michael F Sonya Le			Case n	number (if	know)		
4.1 7	Tennova No	orth	Last 4 digits of account number				\$15,000.00	
	Nonpriority Cred 7565 Danna	ditor's Name	When was the debt incurred?	2016		_	****,********************************	
	Powell, TN	37849 City State Zlp Code	As of the date you file, the claim	ie: Chack	all that ar	only		
		the debt? Check one.	As of the date you me, the claim	is. Officer	t all triat ap	эрту		
	Debtor 1 on		☐ Contingent					
	Debtor 2 on	lv	☐ Unliquidated					
	■ Debtor 1 and	•	<u> </u>					
		•	☐ Disputed Type of NONPRIORITY unsecure	d claim:				
		of the debtors and another	☐ Student loans	a olalili.				
	☐ Check if thi	is claim is for a community	☐ Obligations arising out of a sepa	aration ad	reement o	r divorce that you did not		
	Is the claim su	bject to offset?	report as priority claims	aration ag	, comon o	r divorce that you did not		
	■ No		Debts to pension or profit-sharing	ng plans,	and other	similar debts		
	☐ Yes		Other. Specify Medical Se	rvices				
4.1	Thomas L.	Cohen, MD, PA	Last 4 digits of account number				\$223.00	
<u> </u>	Nonpriority Cree	ditor's Name	.			_	<u> </u>	
	P.O. Box 14		When was the debt incurred?	2016				
	La Follette,	City State Zlp Code	As of the date you file, the claim	is: Check	call that ar	only		
		the debt? Check one.	7.0 0 44.0 704, 11.0 0.4		· an that ap	· · · · ·		
	Debtor 1 on	ly	☐ Contingent					
	Debtor 2 on	ly	☐ Unliquidated					
	■ Debtor 1 and	d Debtor 2 only	☐ Disputed					
	_	of the debtors and another	Type of NONPRIORITY unsecured claim:					
	_	is claim is for a community	☐ Student loans					
	debt	is claim is for a community	☐ Obligations arising out of a sepa	aration ag	reement o	r divorce that you did not		
	Is the claim su	bject to offset?	report as priority claims			·		
	No		Debts to pension or profit-sharing	ng plans,	and other	similar debts		
	☐ Yes		Other. Specify Medical Se	rvices				
is tryin have n notifie Part 4:	is page only if y ng to collect fro nore than one o d for any debts	om you for a debt you owe to some creditor for any of the debts that yong in Parts 1 or 2, do not fill out or some mounts for Each Type of Unse	ut your bankruptcy, for a debt that yeone else, list the original creditor in ou listed in Parts 1 or 2, list the add ubmit this page.	n Parts 1 itional cr	or 2, then editors he	list the collection agency ere. If you do not have add	r here. Similarly, if you litional persons to be	
	ne amounts of f unsecured cla		s. This information is for statistical i	eporting	purposes	s only. 28 U.S.C. §159. Add	the amounts for each	
						Total Claim		
т	6a.	Domestic support obligations		6a.	\$	0.00		
cla	iims							
from Pa		Taxes and certain other debts you	_	6b. 6c.	\$	0.00	-	
	6c. 6d.	Claims for death or personal injunction. Other, Add all other priority unsections.	ured claims. Write that amount here.	6d.	\$ 	0.00	-	
		The state of the s				0.00		
	6e.	Total Priority. Add lines 6a throug	h 6d.	6e.	\$	0.00	-	
						Total Claim	_	
-	6f.	Student loans		6f.	\$	0.00		
cla	otal iims							
from Pa	art 2 6g.	Obligations arising out of a sepa you did not report as priority cla	aration agreement or divorce that ims	6g.	\$	0.00	-	

Debtor 1 Michael Ray Allen
Debtor 2 Sonya Lee Allen

Case number (if know)

- ots 6h. \$ 0.00 nt 6i. \$ 87,846.38
 - 6j. **\$ 87,846.38**
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total Nonpriority. Add lines 6f through 6i.

Fill in this informat	Fill in this information to identify your case:							
Debtor 1	Michael Ray Allen							
_	First Name	Middle Name	Last Name					
Debtor 2	Sonya Lee Allen							
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankro	uptcy Court for the:	EASTERN DISTRICT C	OF TENNESSEE					
Case number				☐ Check if this is an amended filing				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Р	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	T. Scott Jones 2125 Middlebrook Pike Knoxville, TN 37921	Contract for continuing criminal representation
2.2	US Cellular P.O. Box 530724 Atlanta, GA 30353	Cell phone contract

Fill in this in	nformation to identify your	case:			
Debtor 1	Michael Ray Alle	n			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	Sonya Lee Allen First Name	Middle Name	Last Name		
	es Bankruptcy Court for the:	EASTERN DISTRICT			
	. ,				
Case number	er				Check if this is an
					amended filing
Official	Form 106H				
	ule H: Your Cod	lebtors			12/15
Jonioat	110 111. 1 Out Out				12/13
ill it out, and your name a	d number the entries in the and case number (if known	e boxes on the left. Attac). Answer every questio	th the Additional Page to n.	o this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
1. Do yo	ou have any codebtors? (If	you are filing a joint case	, ao not list either spouse	as a codeptor.	
■ No					
☐ Yes					
	n the last 8 years, have yo , California, Idaho, Louisiana				ty states and territories include
_	Go to line 3. Did your spouse, former spo	uso or logal oquivalent li	yo with you at the time?		
□ 163.	Dia your spouse, former spo	ruse, or regar equivalent in	re with you at the time:		
in line 2 Form 10 out Col	2 again as a codebtor only 06D), Schedule E/F (Officia	if that person is a guara	ntor or cosigner. Make	sure you have listed t 6G). Use Schedule D,	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	ame, Number, Street, City, State and 2	ZIP Code		Check all schedule	editor to whom you owe the debt es that apply:
2.4				Cobodulo D lia	
3.1 Na	ame			_ ☐ Schedule D, lin ☐ Schedule E/F,	
				☐ Schedule G, lir	
N	umber Street			_	
Ci		State	ZIP Code		
3.2				☐ Schedule D, lin	ne .
	ame			_ ☐ Schedule E, IIII	
				☐ Schedule G, lin	
N	umber Street			_	
Ci	ity	State	ZIP Code		

=:::								ı				
FIII	in this information t	o identify your ca	ISE:									
Deb	otor 1	Michael Ray	Allen				_					
1	otor 2 use, if filing)	Sonya Lee A	llen				_					
Unit	ted States Bankrup	tcy Court for the	EASTERN DISTRICT	OF TEN	INESSEE		_					
(If kn	se number own)	4001						□ A		d filing ent show	ving postpetition a following date:	chapter
	fficial Form							N	1M / DD/ Y	YYY		
	chedule I:											12/15
sup _l	olying correct infouse. If you are sep that separate sheet	ormation. If you parated and you	ible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly th you, o	y, and your do not inclu	spouse i de inforr	s liv natio	ing with on about	you, inclu your spo	ude info ouse. If 1	rmation about more space is	your needed,
1.	Fill in your emploinformation.	oyment		Debto	or 1				Debtor 2	or non	-filing spouse	
	If you have more		Employment status	■ Em	■ Employed				■ Employed			
	attach a separate information about		Employment status	☐ Not employed				☐ Not employed				
	employers.		Occupation	Main	tenance				Trainer	Coord	inator	
	Include part-time, self-employed wo		Employer's name	Unite	d States P	ostal Se	ervio	ces	Campo	s Food	s, LLC	
	Occupation may i or homemaker, if		Employer's address	Reco 2825	n Account nciliation Loan Oak Paul, MN	Parkwa			PO Box Caryvill		37714	
			How long employed the	nere?	4 Years	5			_2	4 years	s	
Par	Give De	tails About Mon	thly Income									
	mate monthly inco		ate you file this form. If y	ou have	e nothing to r	eport for	any I	ine, write	\$0 in the	space.	Include your nor	n-filing
	u or your non-filing e space, attach a se		re than one employer, co	mbine th	ne informatio	n for all e	emplo	oyers for	that perso	n on the	e lines below. If y	ou need
								For Del	otor 1		Debtor 2 or filing spouse	
2.			ry, and commissions (be calculate what the monthly			2.	\$	2	,937.59	\$	3,336.67	
3.	Estimate and list	t monthly overti	me pay.			3.	+\$		0.00	+\$_	0.00	

3,336.67

2,937.59

Calculate gross Income. Add line 2 + line 3.

Case number (if known)

						For	Debtor 1			Debtor			
	Сору	y line 4 here		4.	-	\$_	2,937.5	59	\$.67	
5.	List a	all payroll deduct	tions:										
٠.	5a.		and Social Security deductions	5a.	. :	\$	339.6	03	\$		665	.84	
	5b.		ributions for retirement plans	5b.		$\overset{\mathtt{+}}{\$}^{-}$	0.0		\$.00	
	5c.	-	ibutions for retirement plans	5c.	. :	\$_	216.1	_	\$.10	
	5d.	Required repay	ments of retirement fund loans	5d.	. :	\$_	0.0	00	\$		0	.00	
	5e.	Insurance		5e.		\$	363.7	78	\$		0	.00	
	5f.	Domestic support	ort obligations	5f.		\$_	0.0	00	\$_		0	.00	
	5g.	Union dues		5g.		\$_	56.9		\$_			.00	
	5h.	Other deduction	ns. Specify:	5h.	.+	\$_	0.0	00	+ \$_		0	.00	
6.	Add	the payroll deduc	ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	(\$_	976.5	53	\$_		765	.94	
7.	Calc	ulate total month	ly take-home pay. Subtract line 6 from line 4.	7.	9	\$_	1,961.0)6	\$_	2,	570	.73	
8.	List a 8a.	Net income from profession, or factor a statement	regularly received: n rental property and from operating a business, arm ent for each property and business showing gross y and necessary business expenses, and the total										
		monthly net inco		8a.	. :	\$	0.0	00	\$		0	.00	
	8b.	Interest and div		8b.	. :	\$	0.0	00	\$		0	.00	
	8c.	regularly receiv Include alimony,	spousal support, child support, maintenance, divorce	;					_				
			property settlement.	8c.		\$_	0.0		\$_			.83	
	8d.	Unemployment	-	8d.		\$_	0.0		\$_			.00	
	8e.	Social Security		8e.		\$_	0.0	00	\$_		0	.00	
	8f.	Include cash ass that you receive,	ent assistance that you regularly receive istance and the value (if known) of any non-cash assistance such as food stamps (benefits under the Supplemental nce Program) or housing subsidies.	e 8f.		\$	0.0	00	\$		0	.00	
	8g.	Pension or retir	rement income	8g.	. :	\$	0.0	00	\$		0	.00	
	8h.	Other monthly i	ncome. Specify:	8h.	.+	\$_	0.0	00	+ \$_		0	.00	
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	_	0.0	00	\$_		14	0.83	
10.	Calc	ulate monthly inc	come. Add line 7 + line 9.	10.	\$		1,961.06 +	\$	2,	711.56	= \$;	4,672.62
	Add t	the entries in line	10 for Debtor 1 and Debtor 2 or non-filing spouse.	L									
11.	Include other	de contributions from triends or relative ot include any amo	r contributions to the expenses that you list in Schedule om an unmarried partner, members of your household, your is. bunts already included in lines 2-10 or amounts that are not	depe						Schedule 11.			0.00
12.		that amount on th	e last column of line 10 to the amount in line 11. The resolve Summary of Schedules and Statistical Summary of Certa							12.	\$		4,672.62
13.	Do y∈	ou expect an inc	rease or decrease within the year after you file this form	ı?						·		nbine nthly	ed income
		Yes. Explain:	Debtor 1's income is based on his 7/14/17 pay acforward. He received some Saturday pay earlier Debtor 2 just went back to work in March, but he	this	yea	ar,∣	but doesn't	ex	pect	it going	j fo	war	d.

advice was used for Schedule I.

Fill	in this information to identify	your case:					
Deb	otor 1 Michael R	ay Allen			Che	ck if this is:	
	Sonya Lee	Allen			An amended filing A supplement show 13 expenses as of	ving postpetition chapter the following date:	
Unit	ted States Bankruptcy Court for	he: EASTEI	RN DISTRICT OF TENNES	SSEE		MM / DD / YYYY	
Cas	se number						
1	(nown)						
0	fficial Form 106				•		
S	chedule J: You	r Expen	ses				12/15
Be	as complete and accurate ormation. If more space is mber (if known). Answer e	as possible. needed, atta	If two married people are				
Par	Describe Your Houles this a joint case?	sehold					
	□ No. Go to line 2.						
	■ Yes. Does Debtor 2 liv	e in a separa	ate household?				
	■ No □ Yes. Debtor 2 n	nust file Officia	al Form 106J-2, <i>Expen</i> ses	for Separate House	ehold of Deb	otor 2.	
2.	Do you have dependents	? ■ No					
۷.	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the dependents names.						□ No □ Yes
							□ No
							Yes
							□ No
				-			☐ Yes ☐ No
							☐ Yes
3.	Do your expenses include expenses of people other yourself and your depen	rthan 🗖	No Yes				
	Estimate Your Ong			ou are using this f	orm as a si	upplement in a Cha	pter 13 case to report
	penses as of a date after the plicable date.	e bankruptc	y is filed. If this is a supp	lemental <i>Schedule</i>	J, check t	he box at the top o	f the form and fill in the
the	lude expenses paid for with value of such assistance					Your exp	onege
(Ot	ficial Form 106l.)					Tour exp	E113E3
4.	The rental or home owner payments and any rent for			nclude first mortgag	e 4. :	\$	0.00
	If not included in line 4:						
	4a. Real estate taxes				4a.	\$	0.00
	4b. Property, homeown	er's, or renter'	s insurance		4b.	·	0.00
	4c. Home maintenance				4c.		115.00
_	4d. Homeowner's associ				4d.		0.00
5.	Additional mortgage pay	ments for yo	ur residence, such as hor	ne equity loans	5.	\$	0.00

Debtor 1 Debtor 2		Case num	nber (if known)	
S. Util	ities:			
o. Util 6a.		6a.	\$	250.00
6b.	•	6b.	·	30.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	· · · · · · · · · · · · · · · · · · ·	440.86
6d.	Other. Specify: Lawn care	6d.	· · — — — — — — — — — — — — — — — — — —	25.00
	od and housekeeping supplies	0d. 7.		545.00
	Idcare and children's education costs	7. 8.	·	
-	thing, laundry, and dry cleaning	9.	· -	0.00 60.00
	sonal care products and services	9. 10.	· : ———	
	dical and dental expenses	10.	· · · · · · · · · · · · · · · · · · ·	47.00
	•	11.	\$	140.00
	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12.	\$	550.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	aritable contributions and religious donations	14.	\$	0.00
	urance.			
	not include insurance deducted from your pay or included in lines 4 or 20.			
15a	. Life insurance	15a.	\$	101.85
15b	. Health insurance	15b.	\$	0.00
150	. Vehicle insurance	15c.	\$	148.00
15d	l. Other insurance. Specify:	15d.	\$	0.00
	res. Do not include taxes deducted from your pay or included in lines 4 or 20.		-	
Spe	ecify:	16.	\$	0.00
	tallment or lease payments:		•	
	. Car payments for Vehicle 1	17a.	·	0.00
	. Car payments for Vehicle 2	17b.	· ·	0.00
	Other. Specify: Payment for continued criminal representation	17c.		300.00
	l. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).		\$	0.00
	ner payments you make to support others who do not live with you.		<u>\$</u>	0.00
	ecify:	19.	Ψ	0.00
	per real property expenses not included in lines 4 or 5 of this form or on School			
	. Mortgages on other property	20a.		0.00
	. Real estate taxes	20b.		0.00
20c	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	l. Maintenance, repair, and upkeep expenses	20d.	· -	0.00
	. Homeowner's association or condominium dues	20e.	· : ———	0.00
	er: Specify: Vehicle Tags		+\$	5.00
	t Expense		+\$	300.00
	•		Ť	000.00
	culate your monthly expenses			
	. Add lines 4 through 21.		\$	3,057.71
22b	c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
220	Add line 22a and 22b. The result is your monthly expenses.		\$	3,057.71
3. Cal	culate your monthly net income.			
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,672.62
	Copy your monthly expenses from line 22c above.	23b.	·	3,057.71
200	. Oopy your monthly expenses normine 220 above.	200.	Ψ	3,037.71
230	Subtract your monthly expenses from your monthly income.			
_50	The result is your <i>monthly net income</i> .	23c.	\$	1,614.91
For mod	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you lification to the terms of your mortgage?			e or decrease because of a
	No.			
	Explain hara:			

page 2

Fill in this info	ormation to identify your	case:		
Debtor 1	Michael Ray Aller			
DODIOI 1	First Name	Middle Name	Last Name	
Debtor 2	Sonya Lee Allen			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for the:	EASTERN DISTRICT	OF TENNESSEE	
Case number				
(if known)				☐ Check if this is an amended filing
Declara			Debtor's Sch	
obtaining mor years, or both		n connection with a ba		aking a false statement, concealing property, or ines up to \$250,000, or imprisonment for up to 20
Did you	pay or agree to pay some	one who is NOT an att	orney to help you fill out ban	kruptcy forms?
■ No				
☐ Yes	. Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the su	mmary and schedules filed w	rith this declaration and
X /s/ M	ichael Ray Allen		X /s/ Sonya Lee	e Allen
	ael Ray Allen		Sonya Lee Al	
	ture of Debtor 1		Signature of Del	
Date	July 15, 2017		Date July 15	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Tennessee

In re	Michael Ray Allen Sonya Lee Allen		Case No.	
		Debtor(s)	Chapter	13
	VERI	IFICATION OF CREDITOR I	MATRIX	
Ameri		verifies under the penalty of perjury editors is true and correct to the best o		
Date:	July 15, 2017	/s/ Michael Ray Allen		
		Michael Ray Allen		
		Signature of Debtor		
Date:	July 15, 2017	/s/ Sonya Lee Allen		
	-	Sonya Lee Allen		
		Signature of Debtor		
Date:	July 15, 2017	/s/ Zachary S. Burroughs		
		/s/ David R. Houbre		

Signature of Attorney
Zachary S. Burroughs 025896
David R. Houbre 029221
Clark & Washington, L.L.C.
408 S. Northshore Drive
Knoxville, TN 37919

865-281-8084 Fax: 865-862-8967

1st Franklin Financial PO Box 238 La Follette, TN 37766

Anderson County EMS 480 Bedford Road, Bldg 600, 2nd Floor Chappaqua, NY 10514

Capital One P.O. Box 30281 Salt Lake City, UT 84130

Citi Cards P.O. Box 688907 Des Moines, IA 50368

Clark & Washington LLC 3300 Northeast Expressway Bldg 3 Ste A Atlanta, GA 30341

Credit Central 700 E. North St. Suite 15 Greenville, SC 29601

First Volunteer Bank c/o Douglas R. Johnson PO Box 2188 Chattanooga, TN 37409

Fort Sanders Regional Medical KBOS 1420 Centerpoint Blvd Bldg C Knoxville, TN 37932

Hospital Medicine Services P.O. Box 630707 Cincinnati, OH 45263

Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346 Knoxville TVA Credit Union 301 Wall Avenue P.O. Box 15994 Knoxville, TN 37901

Lafollette Medical Center PO Box 79725 Baltimore, MD 21279

Medtrans PO Box 708 West Plains, MO 65775

Methodist Medical Center PO Box 10305 Knoxville, TN 37939

MidFirst Bank 999 NW Grand Blvd, Suite 100 Oklahoma City, OK 73118

Omnicare, Inc. 900 Omnicare Center 201 East 4th Street Cincinnati, OH 45202

One Main Financial Group, LLC 605 Munn Rd. Fort Mill, SC 29715

Portfolio Recovery Associates PO Box 41067 Norfolk, VA 23541

Southeast Emergency Physicians P.O. Box 5406 Cincinnati, OH 45273

Summit Medical Group, PLLC Department 88073 Knoxville, TN 37995

T. Scott Jones 2125 Middlebrook Pike Knoxville, TN 37921 Tennova North 7565 Dannaher Drive Powell, TN 37849

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